

Covered California 2013 Tribal Consultation

November 7, 2013



Overview and Meeting Goals

Peter V. Lee
Executive Director





Goals of Tribal Consultation

- **The continued development of a partnership between Tribes and Covered California in implementing the Affordable Care Act.**
- **The incorporation of the special benefits and protections extended to Tribes under the Affordable Care Act into Covered California policies, business processes, and systems.**
- **The opening of communication channels for Tribes to raise issues with Covered California.**
- **The maximization of participation of eligible American Indians in Covered California.**



Benefits of Enrolling in Covered California for American Indians and Alaska Natives

- **Health insurance may pay for services that Tribal and Urban Indian programs do not provide, such as medical specialists, tests, emergency room visits, and hospital care.**
- **American Indians and Alaska Natives can continue to use their Tribal/Urban clinic to receive services.**
- **Eligible American Indians and Alaska Natives will have \$0 cost sharing.**



Affordable Care Act

Coverage Improvements

- **Guaranteed coverage**
- **No annual limit, no denial for pre-existing conditions**
- **Rates not based on health status**
- **Requires large employers to offer coverage**
- **Affordable coverage – public or private – required for individuals**

Coverage improvements begin January 1, 2014



Affordable Care Act

Coverage Improvements

➤ Essential health benefits:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitation and habilitative services and devices
- Laboratory services
- Preventative and wellness services and chronic disease management
- Pediatric services

Who We Are

Your destination for
affordable health care



Vision

- improve the health of all Californians
- access affordable care
- provide quality care

Mission

- increase insured Californians
- improve health care quality
- lower costs
- reduce health disparities
- choice and value





Who We Are

- **Operated by the State of California**
 - **The first state health exchange formed under the Affordable Care Act**
 - **Established as California Health Benefit Exchange**
 - one of 17 state based marketplaces
 - **Dot-com but state-run**
 - **Name-brand health insurance policies**



What We Offer

➤ **Health Insurance That's Affordable**

- **Premiums based on income**
- **Copays that are not deterrent to care**
- **Zero deductible for many plans**
- **Free preventative care**
- **Lower out-of-pocket maximums**



Public and Private Insurance Companies

Health Insurance Plans

Anthem Blue Cross of California	L.A. Care Health Plan
Blue Shield of California	Molina Healthcare
Chinese Community Health Plan	Sharp Health Plan
Contra Costa Health Plan	Valley Health Plan
Health Net	Western Health Advantage
Kaiser Permanente	

Dental Insurance Plans

Access Dental Plan of California	Delta Dental of California
Anthem Blue Cross of California	LIBERTY Dental Plan of California
Blue Shield of California	Premier Access Dental and Vision



Special benefits of American Indians and Alaska Natives

- **Reduced or no-cost sharing**
- **Consistent care from community providers**
- **Flexible enrollment**
- **Exemption from the tax penalty**



Making Care More Affordable

Premium

- 2.6 million Californians eligible for subsidized care pay a percentage of their income; the federal government pays the balance.



Out-of-Pocket Cost

- **Federally recognized Indians** whose income is at or below a certain range—up to \$34,470 for an individual and \$70,650 for a family of four—won't pay for any cost sharing.
- There's **never any cost sharing** for Tribal members who get services from a Tribal or Urban Indian Clinic.
- **For American Indians and Alaska Natives above 300% FPL**, and for those whose Tribes are not federally recognized, standardized benefits limit out-of-pocket costs based on a sliding scale; most copays are not subject to deductibles.



Affordable Care

- True transparency on up-front and out-of-pocket costs.



Making Care More Affordable

Premium Assistance

Eligibility is based on:

Number of People in Your Household	Annual Household Income	
	Medi-Cal	Premium Assistance
1	\$0 - \$15,856	\$15,856 - \$45,960
2	\$0 - \$21,404	\$21,404 - \$62,040
3	\$0 - \$26,951	\$26,951 - \$78,120
4	\$0 - \$32,499	\$32,499 - \$94,200
5	\$0 - \$38,047	\$38,047 - \$110,280



How are rates determined?

Rates are based on:

- age
- ZIP code
- **household size & income**
(to determine eligibility for premium assistance or Medi-Cal)
- **health plan and benefit level selected**

Rates are not based on:

- health status
- gender
- pre-existing conditions
- tobacco usage

What We Do

Smooth Enrollment





Helping Consumers Enroll

CoveredCA.com



Individuals
& Families



Small
Businesses



I Need Help
Before 2014



Find Help
Near You



People Like Me

Tell us what having coverage will mean to you in 2014, and read about other people just like you.

[People Like Me »](#)



Shop and Compare Tool

Use our online calculator to find quality health care, including Medi-Cal.

[Shop & Compare »](#)



Outreach and Education Events in Your Area

Look for events near you so you can talk with a local educator.

[Events Near You »](#)

Programs & Partners

- Outreach & Education
- Enrollment Assistance Program
- Health Insurance Companies
- SHOP Health Insurance Companies
- Certified Insurance Agents
- California Tribes

The Board

- Board Members
- Board Meetings

Resources

- Regulations
- Federal Guidance
- Notice of Privacy Practices
- Speaker Requests
- Programs Toolkit
- Link to Us
- Service Center
- Fact Sheets

Connect with Us

- CALL US ► 800-300-1506
- TTY ► 1-888-889-4500
- Sign Up for Updates
- California Health Benefit Exchange
- Medi-Cal

Covered California is Powered by
CALIFORNIA
Health Benefit Exchange

In Partnership with



California Department of
HealthCareServices



Helping Consumers Enroll

CoveredCA.com



Your destination for affordable health care




ABOUT US

COVERAGE

RESOURCES

NEWS CENTER

 LANGUAGES: ENGLISH

GETTING COVERED

COVERAGE BASICS

INDIVIDUALS & FAMILIES

PREGNANT WOMEN

SMALL BUSINESS

CHILDREN'S DENTAL

AMERICAN INDIAN TRIBES

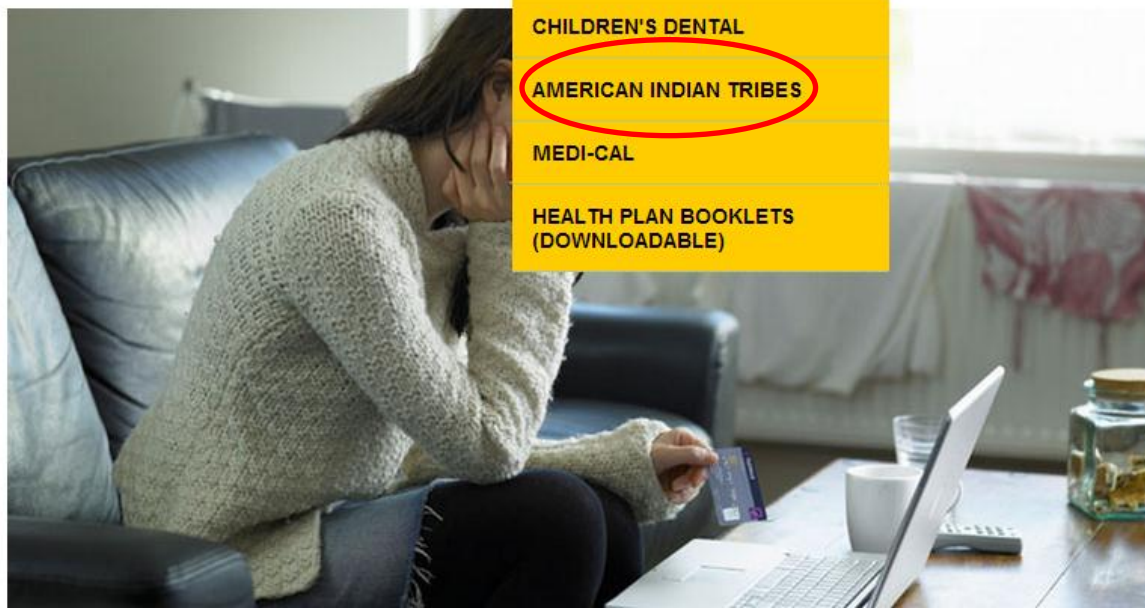
MEDI-CAL

HEALTH PLAN BOOKLETS
(DOWNLOADABLE)

Covered California



Getting Covered



Resources

Download these documents for more information:

[Covered California Health Plans Booklet](#)

[Covered California Children's Dental Plans Booklet](#)

[Getting Yourself and Your Family Covered fact sheet](#)

[Small Business fact sheet](#)

[Changes Coming to Health Care Coverage in 2014](#)

Paper Enrollment



Helping Consumers Enroll

How to apply for a health insurance plan

► **One application for Covered California or Medi-Cal**

www.CoveredCA.com

ONLINE



**Service Center
(800) 300-1506**

PHONE



or



MAIL OR FAX



**Certified
Insurance
Agent**

IN-PERSON



**Certified
Enrollment
Counselor**

IN-PERSON

**Local county
human or social
services office**

IN-PERSON



Helping Consumers Enroll

Enrollment Dates

- **Members of federally recognized Tribes can enroll any time and are not subject to open enrollment periods.**
- **American Indians and Alaska Natives can change health plans up to once per month.**



Helping Consumers Enroll

Service Center

Representatives are available:

Monday – Friday

8 a.m. – 8 p.m.

Saturday

8 a.m. – 6 p.m.

**Interpretation services are available
for more than 300 languages.**



Today's Consultation

- **Indian Patient Attestation Process**
- **Qualified Health Plan Contracting and Indian Providers**
- **Tribal Sponsorship**
- **Indian Outreach and Education**
- **Certified Enrollment Counselor Program**

Tribal Advisory Workgroup Report



Qualified Health Plan Network Development

Leah C. Morris, RN, FNP, MPH
Senior Consultant, Plan Management





11 Qualified Health Plans





Benefits of Enrolling in a Covered California QHP

- Affordability – low-to-no cost health insurance available to enrollees.
- Access – enrollment into recognized local and statewide health insurance companies, which all offer approved networks of medical specialists and hospital providers.
- Coordination – Covered California health insurance companies have committed to working with the enrollees to coordinate their care across providers.



19 Rating Regions



Region 1 Alpine, Del Norte, Siskiyou, Modoc, Lassen, Shasta, Trinity, Humboldt, Tehama, Plumas, Nevada, Sierra, Mendocino, Lake, Butte, Glenn, Sutter, Yuba, Colusa, Amador, Calaveras, & Tuolumne.

Region 2 Napa, Sonoma, Solano, & Marin.

Region 3 Sacramento, Placer, El Dorado, & Yolo.

Region 4 San Francisco.

Region 5 Contra Costa.

Region 6 Alameda.

Region 7 Santa Clara.

Region 8 San Mateo.

Region 9 Santa Cruz, Monterey, & San Benito.

Region 10 San Joaquin, Stanislaus, Merced, Mariposa, & Tulare.

Region 11 Madera, Fresno, & Kings.

Region 12 San Luis Obispo, Santa Barbara, & Ventura.

Region 13 Mono, Inyo, & Imperial.

Region 14 Kern.

Region 15 shall consist of the ZIP Codes in Los Angeles County starting with 906 to 912, inclusive, 915, 917, 918, & 935.

Region 16 shall consist of the ZIP Codes in Los Angeles County other than those identified in subparagraph (xv).

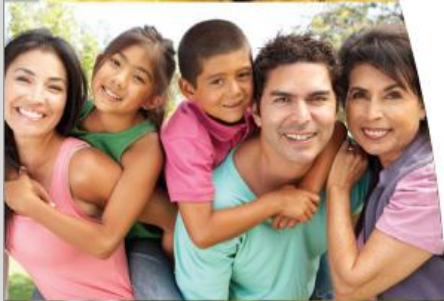
Region 17 San Bernardino & Riverside.

Region 18 Orange.

Region 19 San Diego.



Health Plan Booklet



**Health
Insurance
Companies
for 2014**

**Making the
Individual Market
in California
Affordable**

Pricing Region 3

Sacramento, Placer,
El Dorado, Yolo

Number of subsidy-eligible individuals:
126,000

Health Insurance Plans available:

Anthem – PPO, HMO

Blue Shield – PPO

Kaiser Permanente – HMO

Western Health Advantage – HMO





Essential Community Provider Policy

- Affordable Care Act required all Qualified Health Plans (QHPs) to include “essential community providers...to serve predominately low income, medically underserved individuals”. ECPs were noted to include 340B providers.
- In August 2012, the Covered California Board adopted its final ECP policy which specifically listed the Tribal Health Programs and the Urban Indian clinics in the definition of an ECP. Other providers also were included as ECPs.
- The policy further required QHPs to demonstrate:
 - contracts with at least 15% of available 340B providers in each geographic region it serves,
 - AND that ECP networks must demonstrate contracts with a broad range of providers reasonably distributed throughout the region
 - AND that ECP networks must include at least one ECP hospital



American Indian and Alaska Native Provider Contracting Support

Covered California supported contracting by:

- Specifically identifying all Indian/Tribal/Urban (I/T/U) clinics as Essential Community Providers and including a list in the solicitation materials.
- Twice distributed information to all Covered California health insurance plans identifying all I/T/U clinic locations as well as the name of the primary clinic contact.
- Twice provided all Covered California plans with the CMS Tribal Addendum and the CMS Explanatory Document , encouraging QHPs to review and include the Addendum in any I/T/U provider contracts.
- Invited CRIHB and CCUIH to a September meeting with all Covered California health plans to discuss a variety of provider issues including: Grace Period, Provider Network Adequacy, and Essential Community Providers.
- Requested that health plans provide their I/T/U contracted clinic list to Covered California for provider directory search function enhancement.



American Indian and Alaska Native Provider Contracting Support

To improve contracting success among I/T/U clinics and Covered California health plans:

- Today, Covered California will distribute a list of health plan contracting contacts to allow clinics to approach plans directly.
- Clarify out-of-network requirements as they might apply to American Indians who enroll in a Covered California health plan and then receive services at a I/T/U clinic not contracted with a health plan.
- Continue to improve the Provider Directory to accurately reflect participating providers.
- Consider facilitating a meeting among I/T/U providers and health plan representatives to discuss contracts in general terms.
 - Consumer protection laws prohibit health plans from discussing rates or other proprietary information in a setting with other plans.



2015 Model Contract Changes for Consideration

- After Covered California further legal review -- it has been determined that it is acceptable to add the Model QHP Addendum for Indian Health Care Providers into the 2015 Model Contract and require QHPs to include the Addendum in any I/T/U provider agreements.

American Indian and Alaska Native Enrollment Process

Thien Lam, Deputy Director of Eligibility and Enrollment





Single Streamlined Application

- Through a “No Wrong Door” approach, promote maximum enrollment into coverage.
- Facilitate a smooth enrollment process beginning with the use of a single streamline application and seamless renewal process.
- Present information in a manner that is accurate, accessible, understandable and transparent to consumers to inform and educate them.
- Continue to learn and adjust strategies and tactics based on input from our partners, California stakeholders, ongoing research, evaluation, and measurement of the programs’ impact on awareness and enrollment.



Questions That Ask American Indian Alaska Native Status

Tell us about your race *Please tell us about yourself. This information is confidential and will only be used to make sure that everyone has the same access to health care. It will not be used to decide what health insurance you qualify for.*

What is your race? (*Optional: Check all that apply*)

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Chinese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | |
| | <input type="checkbox"/> Hmong | <input type="checkbox"/> Native Hawaiian | |

Are you of Hispanic, Latino, or Spanish origin? (*Optional*) ☐ Yes ☐ No

If yes, check which ones:

- | |
|--|
| <input type="checkbox"/> Mexican, Mexican American, Chicano |
| <input type="checkbox"/> Salvadoran <input type="checkbox"/> Guatemalan |
| <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Other Hispanic, Latino or Spanish origin: _____ |

★ ☐ Check here if you are an American Indian or Alaska Native, and fill out Attachment A on pages 20 and 21.



Questions That Ask American Indian Alaska Native Status

Attachment A

Attachment A:

For American Indians or Alaska Natives

★ **Complete this if you or a family member is American Indian or Alaska Native.**

American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. Federally recognized American Indians and Alaskan Natives also may not have to pay out-of-pocket costs (such as co-pays) and may get special enrollment periods. Be sure to complete this form and send it in with your application and your proof of Native American or Alaska Native heritage. You may send a document from a federally recognized Indian tribe that shows you are a member of the tribe or affiliated with the tribe (documents may include a tribal enrollment card or certificate of degree of Indian blood.) If you think you qualify for Medi-Cal, you do not have to send proof of your Native American or Alaska Native heritage. See Attachment F to see if you can qualify for Medi-Cal.

If you need to tell us about more than four people who are American Indians or Alaska Natives, **make a copy of this page**, and be sure to send it with your application.



Questions That Ask American Indian Alaska Native Status

Attachment A

Person 1: First name

Middle name

Last name

Suffix (examples: Sr., Jr., III, IV)

Is this person a member of a federally recognized American Indian or Alaskan Native tribe? ☐ Yes ☐ No

If yes, write the name of the tribe: _____ and state of the tribe: _____

Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? ☐ Yes ☐ No

If no, is this person eligible to get services from the Indian Health services, tribal health programs, or urban Indian health programs, or through a referral from one of these programs? ☐ Yes ☐ No

Does this person get income from any of the sources below? ☐ **Yes** If yes, answer the questions below.

☐ **No** If no, continue the application.

▶ Payments to the tribe that come from natural resources, usage rights, leases, or royalties

Amount \$ _____ ☐ Weekly ☐ Every two weeks ☐ Monthly ☐ Other _____

▶ Payments from leases or royalties for the use of Indian trust land for natural resources, farming, ranching, or fishing

Amount \$ _____ ☐ Weekly ☐ Every two weeks ☐ Monthly ☐ Other _____

▶ Money from selling things that have cultural value

Amount \$ _____ ☐ Weekly ☐ Every two weeks ☐ Monthly ☐ Other _____



Indian Attestation Process

- Members of federally recognized Tribes must submit proof of federally recognized status to Covered California when enrolling in a health plan.
 - Covered California permits tribal members to demonstrate proof of federally recognized status by submitting *a document from a federally recognized Indian tribe that shows they are a member of the tribe or affiliated with the tribe*. Examples include a tribal enrollment card or certificate of degree of Indian blood.
- AI/AN will have 90 days to verify membership in a federally-recognized Tribe.



Verification Process

- Covered California Service Center Staff will review federally recognized tribal documentation provided by the consumer. If the consumer provides this information, then the consumer will be considered as a federally recognized tribe member.



American Indian Alaska Native: No Requirement to Have Insurance

- American Indians and Alaska Natives who are members of federally recognized Tribes or eligible for services through an Indian Health Services provider are exempt from the individual responsibility payment.
- Covered California is using federal services for the exemption process. American Indians and Alaska Natives wishing to apply for an exemption have two options:
 1. Claim the exemption when filling out 2014 federal tax return, due in April 2015.
 2. Fill out an exemption application on healthcare.gov.

CalHEERS Demonstration

Laura Moreno, CalHEERS Training Team



Tribal Sponsorship

Virginia Hedrick, Associate Health Policy Analyst,
California Rural Indian Health Board





Tribal Sponsorship

- Tribes pays portion of premium for selected individuals
- Federal funds can be used to pay premiums
- Payment will be made to health plans



Strategies for Tribal Sponsorship

- Select individuals to sponsor
 - People with heart disease, diabetes or cancer
 - 50-64 years old
- Monthly enrollment, adding groups
 - Start with Medicaid Expansion
- Consider Bronze plan (lower premiums) + no tax credits/subsidy



Annual Premiums by Income Level for Individuals with Federal Subsidies

% Federal Poverty Level	Income	Premium Limit	Annual Individual Premium (Tribal Sponsorship)
138 – 150	\$15,856 – 17,235	2% of income	\$317 – 345
151 – 200	\$17,236 – 22,980	3 – 4% of income	\$520 – 919
201 – 250	\$22,981 – 28,725	4 – 6.3% of income	\$919 – 1,810
251 – 300	\$28,726 – 34,470	6.3 – 8.5% of income	\$1,810 – 2,930
301 – 400	\$34,471 – 45,960	8.5 – 9.5% of income	\$2,930 – 4,366



Revenue Assumptions

- Tribes will be providers of services for plans they sponsor.
- No co-pays or deductibles for anyone sponsored by Tribe.
- Reimbursement for Exchange plans will be between Medicare and commercial insurance rates.
- Bill-to-collection ratio same as current commercial insurance.



Video: Tribal Sponsorship

www.nativeexchange.org



Tribal Sponsorship

- Interest form will be posted on Covered California's Tribal webpage by December 1st
(<https://www.coveredca.com/hbex/tribal-consultation/>)

WOK-HLOU THANK YOU!

Virginia Hedrick (Yurok/Karuk)
Outreach Coordinator
California Rural Indian Health Board
virginia.hedrick@carihb.org



Indian Outreach & Education: Rural and Urban

Stacey Kennedy, California Rural Indian Health Board





California Rural Indian Health Board: Tribal Education and Outreach Grantee

The program proposes to increase the number of insured American Indians and Alaska Natives in California. The goal is to increase awareness about new benefits, inform the American Indian community about the premium assistance programs available to them, and motivate consumers to obtain health insurance. Program objectives include:

1. Collaborating with Tribal organizations throughout California who have a trusted relationship with the uninsured or underinsured population and represent the cultural diversity of American Indians and Alaska Natives.
2. Delivering a cost-effective program that promotes and maximizes enrollment.
3. Disseminating clear, accurate, and consistent messages to eliminate barriers, increase interest, and motivate American Indian and Alaska Natives to enroll in coverage.



Activities

- Booths at Tribal events throughout California
- Presentations at Tribal meetings and conferences
- Patient Kiosk
- Culturally appropriate print, media, and display materials
- Training for providers, community, and clinic staff
- Contract with California Consortium for Urban Indian Health (American Indian Training module)



Booths at Tribal Events Throughout California

Attended 15 community events/presentations since August





Patient Kiosk

- Funding available to set up a Patient Kiosk, Interactive Computer Station at the clinic site that will used by consumers to access information and educational resources enabling them to enroll on their own.





Print Materials

- Quick Guide
- 10 Questions Brochure
- 2 Posters
- Pathways (Medi-Cal)
- Facebook & Website

www.facebook.com/coveredcaforamericanindians

www.crihb.org/aca

FIND OUT ABOUT FREE OR LOW-COST HEALTH INSURANCE

For the first time, adult Native men like you can qualify for free or low-cost health insurance. This expands the coverage you get from Indian Health Service, Tribal or Urban Indian Health Programs.

Enrolling is private and easy. To find out about the special benefits for eligible American Indians and Alaska Natives, visit www.coveredca.com or www.crihb.org/aca or talk to your local Indian Health Program

FREE OR LOW-COST HEALTH INSURANCE FOR MORE NATIVE FAMILIES

For the first time, many more Native families like yours can qualify for free or low-cost health insurance. This expands the coverage you get from Indian Health Service, Tribal or Urban Indian Health Programs.

Enrolling is private and easy. To find out about the special benefits for eligible American Indians and Alaska Natives, visit www.coveredca.com or www.crihb.org/aca or talk to your local Indian Health Program

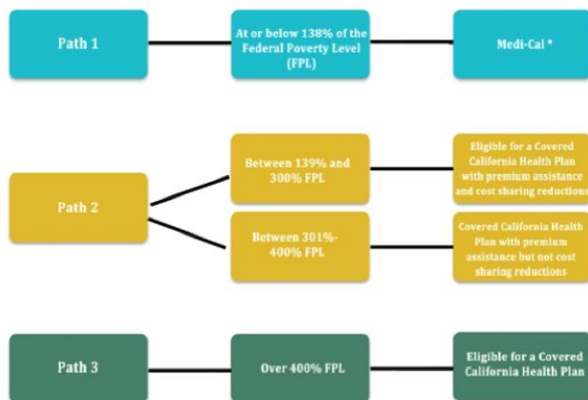
Print Materials



COVERED
CALIFORNIA
FOR AMERICAN INDIANS

COVERED CALIFORNIA YOUR PATHWAY TO HEALTH COVERAGE

THE THREE PATHS TO HEALTH COVERAGE THROUGH COVERED CALIFORNIA:



Definition of Federal Poverty Level:

FPL is the minimum amount of gross income (before taxes) that a family needs for food, clothing, transportation, shelter and other necessities.

* Medi-Cal Expansion in 2014 will expand Medi-Cal eligibility to:

- Childless adults who are at or below 138% of FPL.
- Former foster youth qualify for Medi-Cal up to age 26 if they were enrolled in Medi-Cal at age 18.
- Children in California families with income up to 250% FPL are eligible for Medi-Cal



COVERED
CALIFORNIA
FOR AMERICAN INDIANS

COVERED CALIFORNIA QUICK GUIDE: AMERICANS & ALASKA NATIVES

SPECIAL BENEFITS FOR ELIGIBLE AMERICAN INDIAN AND ALASKA NATIVES

Eligible American Indians and Alaska Natives are able to enroll in health insurance through Covered California and receive certain benefits. Covered California is the new online "marketplace" that will make it simple and affordable to purchase high-quality health insurance and get financial assistance to help pay for insurance.

NO HEALTH CARE EXPENSES FOR CERTAIN INCOME LEVELS.

American Indians or Alaska Natives who are members of Federally Recognized Tribe with a household income of less than about \$66,000 for a family of four – classified as 300 percent of the federal poverty level – will not have copays or other costs if they obtain insurance through Covered California.

NO HEALTH CARE COSTS FOR MEDICAL CARE FROM INDIAN HEALTH SERVICE PROVIDERS.

There is no cost for any American Indian for any item or service obtained directly through the Indian Health Services, Tribes, Tribal organizations, urban Indian organizations or through referral under contracted health services. This provision applies regardless of household income when the American Indian is enrolled in a health plan offered through Covered California.

NO REQUIREMENT TO HAVE INSURANCE.

American Indians and Alaska Natives who are members of federally recognized tribes are exempt from the individual responsibility requirement that most taxpayers over the age of 18 maintain health care coverage beginning on January 1, 2014. American Indians or Alaska Natives who are eligible and have received health care services from an Indian Health Program are eligible for hardship exemption from the individual mandate.

EXEMPTION FROM OPEN-ENROLLMENT PERIODS. American Indians and Alaska Natives who are members of federally recognized tribes are also entitled to change health plans once a month through Covered California.

To find out if you qualify for these unique benefits and for more information on the new health insurance marketplace, visit www.coveredca.com.



Training for providers, community and clinic staff

Covered California Implementation Video Conference taking place at the CRIHB Board Meeting



Health Insurance Companies by Pricing Region

Region	Counties	QHP's	THPs in Network
1	Alpine, Del Norte, Siskiyou, Modoc, Lassen, Shasta, Trinity, Humboldt, Tehama, Plumas, Nevada, Sierra, Mendocino, Lake, Butte, Glenn, Sutter, Yuba, Colusa, Amador, Calaveras, Tuolumne	Anthem – PPO Blue Shield – EPO Kaiser Permanente – HMO (specific areas only)	Greenville Rancheria (Anthem & Blue Shield) Karuk Tribal Health (Anthem & Blue Shield) MACT Health Board (Anthem & Blue Shield) Feather River (Anthem & Blue Shield) Lake County Tribal Health (Anthem & Blue Shield) Northern Valley Indian Health (Anthem & Blue Shield) Pit River Health (Anthem & Blue Shield) Chape-De (Anthem) Rolling Hills Clinic (Anthem & Blue Shield) Mathiesen Memorial Clinic (Anthem & Blue Shield) Consolidated Tribal Health (Blue Shield) Kima:w Medical Center (Blue Shield) Redding Rancheria (Blue Shield) Round Valley (Blue Shield) United Indian Health Services (Blue Shield) Warner Mountain (Blue Shield) Tuolumne Me-Wuk Indian Health (Blue Shield)
2	Napa Sonoma Solano Marin	Anthem – PPO Blue Shield – EPO Kaiser Permanente – HMO Health Net – PPO Western Health Advantage - HMO	Sonoma County Indian Health (Anthem & Blue Shield)
3	Sacramento Placer El Dorado Yolo	Anthem – PPO Blue Shield – EPO Kaiser Permanente – HMO Western Health Advantage - HMO	Chape-De (Anthem & Blue Shield) Shingle Springs (Blue Shield)
11	Fresno Kings Madera	Anthem – PPO, HMO Blue Shield – PPO Kaiser Permanente – HMO	Central Valley (Blue Shield)



**COVERED
CALIFORNIA**

FOR AMERICAN INDIANS



Certified Enrollment Counselor Training

**8am-5pm; November 13-15, 2013
4400 Auburn Blvd., 2nd Floor; Sacramento, CA 95841**

**Please contact CRIHB at 916.929.9761
or email Antoinette.Medina@crihb.org to enroll**



Covered California American Indian Training Module



Developed by the California Rural Indian Health Board (CRIHB)
And the California Consortium for Urban Indian Health (CCUIH)
In Conjunction with Covered California





Outreach Considerations of Cost Sharing Provisions and Protections For American Indians

Higher Premiums



Lower Premiums

Plan Tier	Non-Indian cost sharing	AIAN > 300% FPL Cost Sharing
Platinum	10%	0%
Gold	20%	0%
Silver	30%	0%
Bronze	40%	0%

Members of federally recognized Tribes: Zero cost sharing for any premium
Pay Premium → NO cost sharing , Monthly Enrollment Option

Non-Indians: Lower premium means higher cost sharing
Pay Premium → Pay cost sharing



Contacts

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Virginia.Hedrick@crihb.org

Certified Enrollment Entities and Navigator Program

Sarah Soto-Taylor, Deputy Director of Community Relations





Certified Enrollment Entity Process

Covered California Certified Enrollment Entity Application Process



CC = Covered California CEC = Certified Enrollment Counselor CEE = Certified Enrollment Entity

Notes:

1. Dates subject to change
2. Flow chart does not outline process for the CEE Applications that are incomplete, ineligible, or individuals that fail background check



Certified Enrollment Entity Process

Organization Type

The applicant must first select "Licensed health care clinics" from the Organizational Type drop down, which activates an Organization Sub Type drop down menu as follows:

The screenshot shows a web browser window with the URL <https://ipassandbox.ccgrantsandassistors.org/Entity/EntityInformation?entityId=1892>. The page displays a form for entity information. The "Organization Type" dropdown menu is open, showing the following options: Select, Federally Qualified Health Center (FQHC), FQHC Look-alike, Indian Health Services Clinics: Direct Services Clinics, Indian Health Services Clinics: 638- Contracting or Compacting Clinics, Urban Indian Health Centers, Community Clinics, Free Clinics, and Other Clinic. A red circle highlights the "Organization Type" dropdown, and a red arrow points to the "Indian Health Services Clinics: Direct Services Clinics" option. The form also includes fields for "Preferred method of Communication" (Fax or Mail), "Federal Employment Identification Number" (12-3456789), "State Tax ID" (123456789), "Category" (Non Profit), "Organization Sub Type" (Select), "Does the entity serve families with mixed immigration status?" (Yes/No), "Does the entity provide services to persons with disabilities?" (Yes/No), "Disabilities served" (Hearing Impaired, Visually Impaired, Wheelchair Accessible, Other), and "Year entity was established?" (2009).

System is in sandbox mode Hello, ecatanes! Log off Debug

Preferred method of Communication * ☐ Fax ☐ Mail

Federal Employment Identification Number * 12-3456789

State Tax ID * 123456789

Category * Non Profit

Organization Type * Licensed health care clinics

Organization Sub Type Select

Does the entity serve families with mixed immigration status? *

Does the entity provide services to persons with disabilities? *

Disabilities served ☒ Hearing Impaired ☒ Visually Impaired ☒ Wheelchair Accessible ☐ Other (Specify other)

Year entity was established? * 2009



Current Active Tribal Entities

American Indian Health & Services, Inc.

California Rural Indian Health Board, Inc.

Consolidated Tribal Health Project, Inc.

Feather River Tribal Health, Inc.

Fresno American Indian Health Project

Indian Health Council, Inc.

Northern Valley Indian Health, Inc.

Riverside San Bernardino Co Indian Health

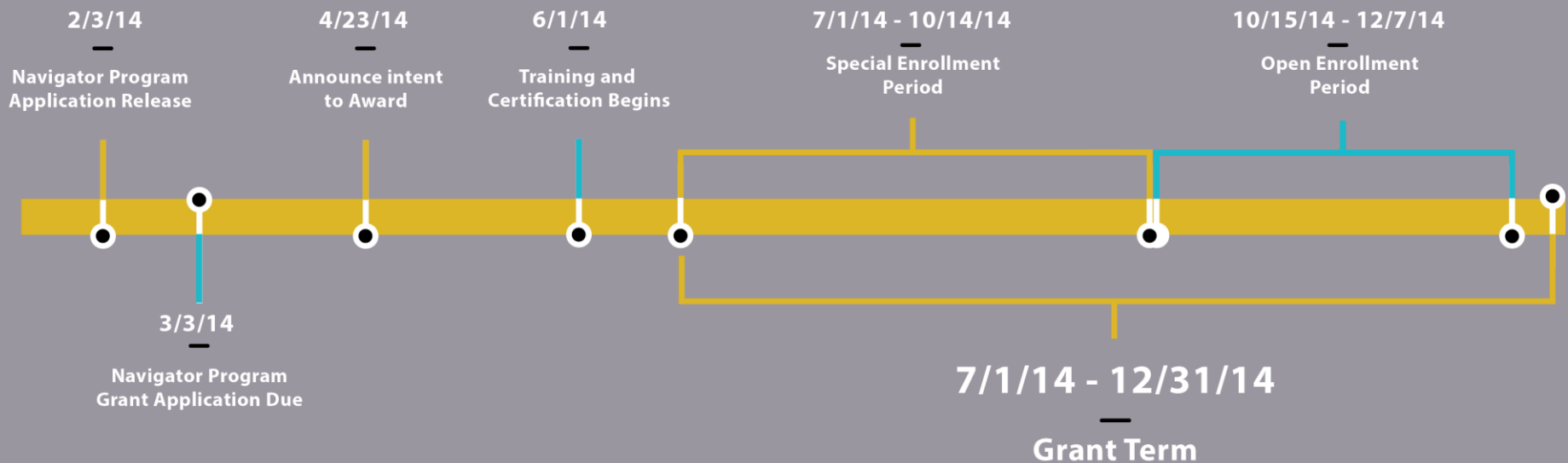
San Diego American Indian Health Center

Santa Ynez Tribal Health Clinic

Southern Indian Health Council, Inc.



Navigator Program Grant Period



- Most enrollments will happen during the Open Enrollment Period.
- Only individuals with specific “qualifying life events” (e.g. divorce, job loss, birth of a child, etc.) may be enrolled during what is called a “Special Enrollment Period.”



Proposed Timeline

Navigator Program	Date
Navigator Grant Application Release	February 3, 2014
Navigator Applications Due	March 3, 2014
Announcement of Intent to Award	April 23, 2014
Contract Negotiations	April 24 – May 14, 2014
Navigator Affiliation & Background Check	May 16 – June 5, 2014
Navigator Grantee Training & Certification	June 2 – July 4, 2014
Navigators Begin Enrollment Assistance	July 1, 2014
Special Enrollment Period	July 1 – Sept 30, 2014
Open Enrollment Period	Oct. 15 – Dec. 07, 2014
End of Grant Award Period	December 31, 2014



Minimum Duties of Navigators

- ★ **Maintain expertise in Covered California Health Plans & conduct public education to raise awareness**
.....
- ★ **Provide fair, accurate, and impartial information and services**
.....
- ★ **Facilitate enrollment in insurance affordability programs (Medi-Cal and Premium Assistance Options)**
.....
- ★ **Provide referrals to health insurance consumer assistance offices or ombudsman for consumers with grievances, complaints, or concerns**
.....
- ★ **Conduct services in a culturally and linguistically appropriate manner, and ensure accessibility and usability for individuals with disabilities**

➤ *Note: Navigators will also be required to maintain knowledge of Covered California's Small Business Health Options Program (SHOP).*



Funding Priorities: Preliminary Recommendations

	Targeted Funding Pool	Regional Funding Pool
Purpose	Engage entities with access to targeted segments of uninsured population, as informed by CoveredCA.com enrollment data.	Engage collaborative groups of entities that can serve all eligible consumers in one of three regions of the state.
Target Populations	Targeted, hard-to-reach populations, e.g. young invincibles, Limited English Proficient, college students, LGBTQ etc.	<ul style="list-style-type: none"> • Uninsured, subsidy-eligible consumers • Three regions of the state: Northern, Central, Southern
Requirements	<ul style="list-style-type: none"> • Existing relationships with target populations • Enrollment events 	<ul style="list-style-type: none"> • Collaborative applications with a single lead agency • Propose to serve consumers throughout chosen region • Enrollment events
Funding Pool Allocation	\$1 million	\$4 million
Grant Award Sizes	Minimum Request: \$100,000 Maximum Request: \$500,000	\$650,000-\$2.5 million
# of Grantees	Minimum 2; Maximum 10	Maximum 3 (one per region)



Funding Priorities: Targeted Population

- Entities must propose to serve a targeted segment of the uninsured population in California, e.g. Limited English Proficient populations, Young Invincibles, etc.
- Must target populations with high levels of uninsured or hard-to-reach consumers, with an emphasis on subsidy-eligible consumers
- May propose to serve populations regardless of geography (e.g. within a city, across a county, multiple counties, statewide)
- Entities must demonstrate existing, trusted relationships with proposed target populations
- Smaller grant sizes
- Goal will be to reach populations that are not being successfully penetrated by other Covered California efforts like In-Person Assistance Program, Outreach and Education Program, marketing efforts, etc. based on review of enrollment data
- Applicants may only appear on one (1) grant application

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